# Montana health systems agency

# Annual Implementation Plan

1980-81

| MONTH/YEAR | EVENT |
|---|---|
| January 1980 | —Formulate AIP development process. |
| | —MHSA reviews guidelines for recommendations on medical facility construction, modernization and conversion; data is gathered on facilities. |
| February 1980 | —Progress report on last year's AIP project is prepared. |
| | —Draft of MHSA staff recommendations on facility construction, modernization and conversion is prepared. |
| | —Public meetings are held in each subarea in which potential AIP projects are identified. |
| | —AIP draft mailed to Plan Development Committee. |
| March 1980 | —MHSA Plan Development Committee reviews AIP and subarea comments. |
| April 1980 | —Final draft preparation and review. |
| | —Governing Board approval and dissemination. |
| June-July 1980 | —Completion of AIP projects from previous year. |
| August 1980 | —Project start. |

AIP DEVELOPMENT SCHEDULE

# TABLE OF CONTENTS

# 1

# INTRODUCTION

## 1.0 Introduction

### 1.1 Authority

Section 1513(b) (HSA Functions) of the U.S. Public Health Service Act requires that:

"(3) The agency shall establish, annually review and amend as necessary, an annual implementation plan (AIP) which describes objectives which will achieve the goals of the HSP and priorities among the objectives. In establishing the AIP, the agency shall give priority to those objectives which will maximally improve the health of residents of the area as determined on the basis of the relation of cost of attaining such objectives to their benefits and which are fitted into the special needs of the area."

Development of the AIP, therefore, is a derivative process. Specifically, the year's projects and actions described in the AIP are derived from the goals, objectives and the recommendations identified in the Montana Health Systems Plan (HSP).

### 1.2 Purpose and Use

The Annual Implementation Plan has several purposes to fulfill. These include:

1. Identification of short range projects and programs which will eventually achieve the goals and objectives described in the Montana Health Systems Plan.

The Montana Health Systems Agency has taken the position that the AIP should be aimed at projects and programs which will fill existing gaps in the health care delivery system and improve the health status of area residents. In essence, the AIP should identify the means to achieve the ends described in the Health Systems Plan.

Because they involve the delivery of services, the projects identified in the AIP must be undertaken by other organizations and agencies — the action agencies. The role of the MHSA staff will be 1) to assist in planning and coordination, 2) to persuade the action agency to undertake the program, 3) to identify potential sources of start up funds.

2. Provision of a basis for the allocation of Area Health Service Development Funds (AHSD) (if and when they should become available.)

At the present time, Area Health Development Funds are not available, so the MHSA will explore the possibility of funding some of these efforts (where appropriate) through the Old West Regional Commission, Rural Health Initiative (RHI) grants, and other federal programs. The MHSA staff will not prepare applications for these prospective sponsors, but will offer technical assistance. Likewise, the staff cannot guarantee approval if the application is subject to review.

If Area Health Development Funds become available, the MHSA will sponsor grants and contracts to develop services which support the projects identified in the AIP. It should be noted, however, that Area Health Development Funds cannot be used for either facility construction and modernization or for the actual delivery of services.

3. Provision for making recommendations to the State Health Planning and Development Agency on the allocation of federal grants for medical facility construction, conversion, and modernization.

Under Public Law 93-641 the Health Systems Agency is required to annually recommend projects for modernization, construction, and conversion of medical facilities in the state. It is assumed that grants provided under Section 16 of the Act would be primarily affected.

4. Guidance for the yearly activities of the agency staff and volunteers of their time and resources devoted to AIP implementation.

It must be remembered that fostering the development of the projects identified in the AIP is only one of the activities undertaken by the MHSA. The MHSA must also continue planning and revising both the HSP and the AIP, conducting reviews, encouraging community involvement and carrying out its internal management functions. Although the AIP indicates the estimated time to be devoted to each project, the overall allocation of staff time must be clearly delineated in the agency's annual application and work program.

5. Identification of explicit milestones for measuring the progress in implementing the Health Systems Plan.

Finally, using the AIP as an evaluation tool is especially important. The milestones within the AIP (expressed as short range objectives) provides for MHSA accountability. These milestones will, in large part, reflect the degree of success of the Montana Health Systems Agency.

### 1.3 Scope and Limitations

The scope of the AIP is limited by both the contents of the Health Systems Plan from which it is derived and the one year period to which it pertains. Given these limitations, it is understandable that not every long range objective established in the HSP is necessarily selected for action in the AIP. The AIP establishes objectives for the year, recommends actions to be taken by designated agencies for achieving those objectives, and provides preliminary calculations of the resources required to complete the recommended actions. Relationships are demonstrated between these basic elements of the AIP and the goals, objectives and strategies contained in the HSP. Expected effects of the recommended actions on the health status of Montana's population and on the performance of the area's health systems also are described.

Recommendations to the State Health Planning and Development Agency (SHPDA) regarding projects for modernization, construction, and conversion of medical facilities in Montana are included. This important function is mandated by law (Section 1513(h)). During this year, recommendations will include general hospitals, long term care facilities, and rehabilitation facilities, but will exclude public health centers, since these facilities are not addressed in the Health Systems Plan.

## 2.0 Background

In an effort to develop projects responsive to Montana's needs, the Health Systems Agency requests each Subarea Advisory Council to identify two high priority projects to be addressed during the coming year.

The predominent theme of the ten selected projects is information and education. One project in the Eastern subarea continues to address the nurse shortage problem, the acceptability and expanded utilization of existing nurse practitioners in a physician shortage area of the state. One project in the Northwestern Subarea is geared toward development of a treatment program for occupa-

tional alcoholism with the goal of applying for federal funding.

The AIP project selections are, as in previous years, limited to projects requiring only limited staff time as no AHSD funds are available. This constraint becomes increasingly limiting and defers many high priority system development projects annually. This becomes cumulative in effect and subsequently limits the progress of systems development and ultimate achievement of stated Health System Plan goals.

The AIP projects were developed by the subarea councils in accordance with the process outlined in Appendix B and following the format worksheet shown in Exhibit 1.

Each project is introduced with a "Background" statement which describes the existing situation and the need for the project.

Until such time that a more definitive and quantifiable evaluation process can be developed, AIP projects will be evaluated for success based on an action completion basis where all completed milestones are equally weighted.

Future AIPs will contain an appendix delineating a success criteria and evaluation process.

**Exhibit 1**

**EXAMPLE**

**ANNUAL IMPLEMENTATION PLAN PROJECT FORMAT**

1 1 All projects are derived from the goals and objectives of the 21 plan components contained in the 1980 Health Systems Plan

9 9

In developing each project, keep in mind that it must be implemented with one staff member working full time for three months

8 8

Projects dealing with the construction, modernization, and conversion of facilities cannot be addressed

0 1

There are six steps in developing this year's AIP. An example is provided below.

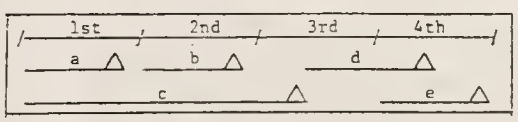
1. What is the goal or objective to be addressed?
   - Home Health Care plan component, p. 107, Objective 5 states . . . "Develop educational program to make general public aware of content, availability, and need for home health services."

2. Describe the AIP project.
   - In cooperation with the City-County Health Department Visiting Nurse Service, develop an educational pamphlet and/or seminar on the home health care services available in two medically underserved counties.

3. What are the necessary recommended actions to accomplish the AIP project?
   - (a) Develop educational pamphlet
   - (b) Develop seminar
   - (c) Distribute pamphlet
   - (d) Present seminar in two counties
   - (e) Develop presentation schedule for one year.

4. Resources required to accomplish project.
   - (1) City-County Health Department
   - (2) Civic and senior citizen groups
   - (3) Mental Health Center
   - (4) District Six Health Care Learning Center

5. Quarterly Milestones (Recommended Action)



# 2

# 1980-1981 PROJECTS


**Area Square Miles:** 47,842

**Population:** 100,200: 0% urban — 100% non-urban

EASTERN SUBAREA ADVISORY COUNCIL

Chairman — Robert Bell

| | |
|---|---|
| Bertha Baxter | Roman Lasleben, Jr. |
| Robert Bell, DVM | Shari Marks |
| James R. Carlson | Leonard Meidinger |
| W. Boyce Clark | Mrs. Jack Michels |
| Judy Gilman, R.N. | Vincent Nelson |
| David Hide, M.D. | George Nicholas |
| Jim Hoffman | Charles Parke, D.O. |
| Kyle Hopstad | Eldon Rice |
| Jean Hough | Veronica Richards |
| Vi Irion | Wilson J. Schuerholz |
| Betty Lou Kasten | Lyder Tande |
| Sandra Kinsey | Carl Totman, O.D. |
| Frank L. Lane | Rolph Tunby |
| Shirley Lenhart, R.N. | Ada Weeding |
| | Marlene Welliever |

(Note: Urban is defined as a county with a population in excess of 75,000)

Eastern Subarea — A

## CPR PROMOTION AND TRAINING PROGRAM

### BACKGROUND

In Montana, as in the nation as a whole, heart disease was the leading cause of death in 1977 and 1978. The American National Red Cross reports that over one million persons in the U.S. suffer a heart attack every year. Of those, 700,000 die. Their statistics state that between 100,000 and 150,000 of those people could have survived if CPR had been administered within the first few minutes of the attack.

Cardio-pulmonary resuscitation is a technique for artificial breathing and heart massage. Basic tools for administering CPR are one's hands and breath. The usual six-hour class instruction for certification in CPR follows the standards set forth by the American National Red Cross and the American Heart Association. Due to geographic distances between trained Emergency Medical Services and severe weather conditions, making remote rural ranches and small communities inaccessible, CPR training for a significant percentage of the populace could contribute substantially to basic life saving capability.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Chapter 5.3 — Emergency Medical Services: Objective 1: "Within two years, establishment of a training and education program for the general public."

Recommended Review Criteria — 13: "Public education and information with emphasis on first aid and CPR should be an integral part of the EMS system. Recommended Review Criteria — 14: "Because of the extreme importance of the initial few minutes in medical emergencies, the general public should be trained in CPR."

### AIP PROJECT

To assist in educating of the general public as to the need for and value of cardiopulmonary resuscitation (CPR) training and to promote participation in CPR training of a significant number of the target population.

### RECOMMENDED ACTIONS

a. Survey counties to (1) Identify certified instructors and other resources, (2) Determine where classes are now being offered, (3) Determine how many persons are not certified and how many need recertification.

b. Establish cooperative network with existing agencies or organizations; i.e., EMS, Red Cross, Heart Associations.

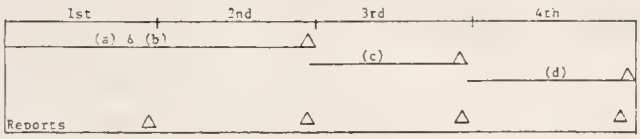
c. Utilize this cooperative network in an educational and promotional campaign.

d. Assist in scheduling classes to train and certify citizens in cardio-pulmonary resuscitation.

### RESOURCES REQUIRED

Emergency Medical Services Bureau
Local EMS Services
News Media
County Health Departments
Secondary Schools
Montana Highway Safety Department
Federal Agencies, i.e.,
Bureau of Reclamation, Corps of Engineers,
Bureau of Land Management
Regional EMS Council
Local Ambulance Services
Montana Heart Association
Community Colleges
Montana Red Cross
Local Hospitals, fire departments, law enment agencies, civic groups

## QUARTERLY MILESTONES




Eastern Subarea — B

## USE OF NURSE PRACTITIONERS/NURSE RECRUITMENT

### BACKGROUND

The most serious problem in the provision of adequate health care services to Eastern Montana has been, and continues to be, a shortage of medical personnel. Solutions for this problem seem to lie in these areas:

1. More effective recruitment of professional medical personnel.
2. More extensive training of the general public in emergency care, i.e., CPR, First Aid, EMS, etc.
3. More extensive and effective health promotion or education in preventive medicine.

Concerted efforts have been made throughout the region to recruit physicians. These efforts seem to be bearing fruit. Expanded use of nurse practitioners as members of the primary care team has been encouraged. To date, few nurse practitioners are practicing in this area due to confusing and restrictive state legislation, resistance by some physicians, and the lack of training programs for nurse practitioners in Montana. Currently, a critical shortage of nurses threatens closure of rural hospitals and reduction of services in physicians offices.

In the past three years several small hospitals in rural Eastern Montana have faced closure due to the lack of physicians. One of the ways primary care can be provided is through the expanded use of nurse practitioners in the primary care setting.

During 1979, a critical shortage of nurses has also threatened the quality of care for patients and even closure of facilities due to inadequate staffing.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Chapter 5.1 — Summary — Eastern Montana currently has the largest need for primary care personnel. Strategies must be found and implemented to address this problem. MHSA recommends continued support of programs for the primary care education of nurses.

Chapter 5.1 — Primary Care Personnel, Goal No. 3, Long-range Action: No. 3 — Support new and existing Montana programs for educating nurses in the specialty of primary care.

### AIP PROJECT DESCRIPTION

— To continue to encourage the increased use of nurse practitioners in primary care settings.
— To increase the number of professional nurses in Eastern Montana to relieve the critical shortage.

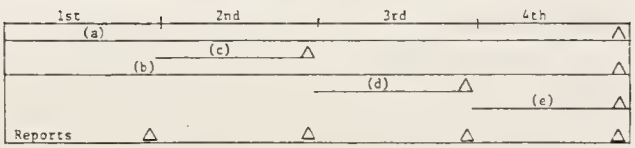
### RECOMMENDED ACTIONS

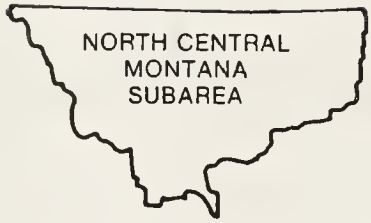
a. Lobby legislators to provide support for: (1) Recognition of the practicability and desirability of allowing nurse practitioners to function in a responsible role in the primary care setting; (2) Continue funding of training programs for nurses in Montana. (a) Emphasize and provide more training in primary care and/or the special needs of rural communities, (b) Investigate reestablishment of a Nurse Practitioner training program in Montana.
b. Contact schools of nursing in Montana to: (1) Identify perceived areas of need, (2) Request more extensive training in rural health, (3) Identify scholarships, (4) Offer support.
c. Contact nursing associations to: (1) Identify reasons for shortage, (2) Identify possible solutions, (3) Identify scholarships.
d. Enlist the support of hospitals, nurses, and physicians to promote training and recruitment of nurses: (1) Suggest ways that hospitals can attract and retain nurses; i.e., increased wages, mileage, day care for children, consecutive days, split shifts, scholarship programs, government subsidies, etc.
e. Encourage community support for scholarships and recruitment.

### RESOURCES REQUIRED

Nurses Associations
Schools of Nursing
Action for Eastern Montana
Civic Groups and News Media
Hospital and Nursing Associations
Economic Development Association of Eastern Montana
High School and College Counselors
Legislators and Legislative Committees

## QUARTERLY MILESTONES






**Area Square Miles:** 24,082
**Population:** 149,200: 57.4% urban — 42.6% non-urban

NORTH CENTRAL SUBAREA ADVISORY COUNCIL

Chairman — Mary Ellen Robinson

Lynn (Fred) Buyan
Ben Broderick
Rev. Paul Cousins
Peter Frazier
William Hadcock, M.D.
James M. Holcomb
Ella Mae Howard
Art Jacobson
Richard King
Rocky Lanier
Helen Lauener
Mary Ellen Robinson
Bruce Selyem
Karen Sloan
Randy Smith
Robert Swortzel
Delmar Wolfe

North Central Subarea — A

## SUBSTANCE ABUSE FOR PARENTS

### BACKGROUND

For the last 15 years, a growing concern for many families has been an upward trend of drug abuse. The disruption of family life due to this social phenomenon has been significant. Many times drug abuse services available to parents when problems arise have been minimal, especially in rural settings where the financial feasibility of developing such services is not good. A great deal of money is being expended for the treatment of drug and alcohol abusers, but the North Central Subarea Advisory Council believes additional attention needs to be given to the identification of the problem by parents so that appropriate responses will be made.

The Alcohol and Drug Abuse Services component of the Health Systems Plan has as an objective: "to support and coordinate new and existing prevention and education resources statewide." It is the intention of the Council to develop a pamphlet to assist parents to be able not only to identify a drug problem, but also identify specific drugs. This pamphlet would also give parents guidance to obtain more information on resources available if action is needed to resolve the problem. A seminar is planned to promote the resources available to parents when drugs become a factor in the parent-child relationship. The concept that alcohol is the most abused drug will also be part of the education process.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Alcohol and Drug Abuse component, p. 115, Objective 5 states: "By 1980 support and coordinate new and existing and education resources statewide."

### AIP PROJECT DESCRIPTION

Establish for parents an educational pamphlet and seminar for recognition and prevention of teenage drug abuse.

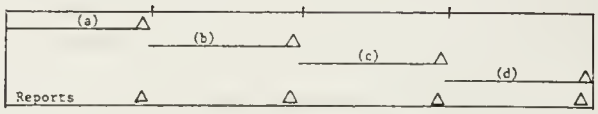
### RECOMMENDED ACTIONS

a. Development of content for pamphlet
b. Print pamphlet
c. Develop curriculum for seminar
d. Organize and present seminar

### RESOURCES REQUIRED

Alcohol and Drug Abuse treatment facility information
Funding for advertisement of Seminar
Local law enforcement information
Funding for printing of pamphlet

### QUARTERLY MILESTONES




North Central Subarea — B

## ADULT PHYSICAL FITNESS COST AND ACCESSIBILITY

### BACKGROUND

In the last several years there has been an increased emphasis on wellness and other types of preventive health activities. Subarea council members are quick to realize that an inappropriate percentage of the health care system deals with persons only after they have health problems rather than avoiding health problems through prevention activities. The general population is coming to realize that physical activity is many times the key to weight loss, increased productivity on the job, muscle tone, strengthening of the heart muscle, and many other healthy benefits. This renewed interest in physical activity is evidenced in the recent developments of city recreation departments, millions spent each year on recreational equipment, increasing health spa memberships and, of course, the growing number of joggers seen every day.

The Montana Health Systems Plan in the Heart Disease component, has the goal: "to reduce the crude mortality rate from heart disease by 10 percent (to 260.3 deaths per 100,000 persons)." This is to be accomplished by 1985. The primary emphasis is to be placed upon health education, screening and early intervention activities. One of the objectives of that component is to support the development of programs promoting low cost exercise facilities and information regarding appropriate physical activity.

The development of an AIP project to disseminate information regarding physical fitness opportunities is an attempt to increase the involvement of the general public in prevention activities which will decrease the incidence of heart disease. Initially, information will be gathered regarding the availability, accessibility, and cost of facilities throughout the North Central region and then this information will be disseminated to encourage the general population to increase utilization of available facilities. This will entail information on YMCA facilities, community recreation programs, availability of public school facilities, adult physical education courses offered, and other low cost recreational opportunities.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Heart Disease Component, p. 197, Objective 3 states: "Support the development of programs promoting low cost

exercise facilities and information regarding appropriate physical activity."

**AIP PROJECT DESCRIPTION**

Promote public service announcements for information to the public regarding cost and accessibility of physical fitness facilities.

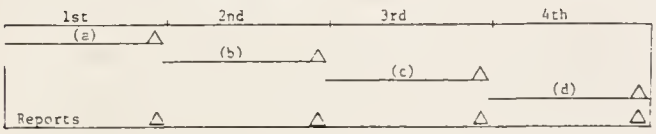
**RECOMMENDED ACTIONS**

a. Gather information on cost and accessibility of physical fitness opportunities
b. Contact appropriate agencies in the physical fitness field to coordinate efforts
c. Design distribution of information
d. Contact newspapers, radio, television and others to disseminate information

**RESOURCES REQUIRED**

Schools YMCA Private enterprise Hospitals Department of Health (all agencies involved with prevention through exercise programs)
Funding for dissemination of information

**QUARTERLY MILESTONES**




**Area Square Miles:** 19,385
**Population:** 187,100: 0% urban — 100% non-urban

NORTHWESTERN SUBAREA ADVISORY COUNCIL

Chairman — Ron Plummer

| | |
|---|---|
| Bessie Argo | Carryl M. Meyer |
| Eunice Beeley | Mark Nedrud, D.D.S. |
| Marion Betts | Donald Pearson |
| Jack B. Dodd | Richard L. Peterson, M.D. |
| Clyde Dowell | Ron Plummer |
| S. W. Eccleston | Cathryn Strombo |
| Rudyard Goode | Robert Toole |
| Nancy W. Gordon | Grant M. Winn |
| Evelyn Johnson | V. A. Yaholkovsky, M.D. |

Northwestern Subarea — A

## CONCEPT AND NEED FOR A HOSPICE

### BACKGROUND

Over the years since the Montana Health Systems Agency was organized, a growing awareness of the hospice concept has been noted. The public and members of our several councils and committees have been asking questions concerning the lack of effective programs to provide care and support for the terminally ill.

Some effort has always been provided through traditional hospital and long-term care facilities, but very little was being done in other settings such as the home.

This growing awareness prompted questions as to the propriety and need to provide a wide-based program of care and counseling specifically aimed at the terminally ill. The news media has carried some articles concerning such programs, but no real effort was made to reach the health care industry and the public to allow them to react to an obvious problem area in health care.

The Northwestern Subarea Advisory Council has evidenced interest in this area of health care. This interest was further promoted by a symposium held in December of 1979 sponsored by the West-Mont Home Health Care Agency and St. Peter's Hospital, both based in Helena. The symposium was open to all interested parties in Montana and several hundred people attended, including many from Northwestern Montana.

The Northwestern Subarea Advisory Council decided to initiate and develop a program to inform the public of the concept and need of hospice development that was appropriate for an AIP project. A local organization had just been formed in Missoula to initiate such a program.

The planned activity for the project will be to provide technical assistance, conduct a literature search, enroll interested agencies and groups, coordinate a media campaign and aid in the production of a brochure. All of these activities are designed to promote a program to provide the public with thorough education concerning the "Hospice Care Concept."

Hopefully, such a program will provide the impetus for the development of a hospice program for Missoula and ultimately for all of Montana.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Chapter 4.6, Page 105, Objective 5: "Developing program to make public more aware of the content, availability of and need for home health service."

### AIP PROJECT DESCRIPTION

Initiate and develop a public education program to inform the public of the concept and need of hospice development.

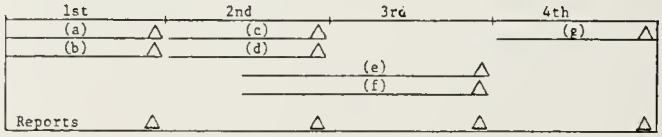
### RECOMMENDED ACTIONS

a. Literature Search
b. Enroll interested agencies and groups
c. Develop mass media information
e. Coordinate media campaign
f. Coordinate activities of agencies
g. Distribute brochure

### RESOURCES REQUIRED

Hospice of Missoula
Missoula Hospitals
Missoula Nursing Homes
Missoula Ministerial Association
Y.W.C.A.
Five Valleys Health Care
Missoula City-County Health Department
Montana Hospital Association
Western Montana Regional Community Mental Health Center
Funeral Directors
Western Montana Medical Society
University of Montana
Missoula County Cancer Association
Missoula Crippled Children's and Adult Rehabilitation Center
School of Pharmacy, University of Montana

### QUARTERLY MILESTONES




Northwestern Subarea — B

## OCCUPATIONAL ALCOHOLISM COUNSELING AND TREATMENT

### BACKGROUND

Since the early 1970's when the Montana Legislature recognized alcoholism and drug abuse as an illness rather than criminal activity, many programs aimed at treatment and rehabilitation of the alcoholic have been designed and implemented. Some degree of success has been achieved, but the need to prevent the social drinker from developing into a problem drinker was not really met.

The Northwestern Subarea Advisory Council, in recognizing the need to provide a program featuring "early intervention" and treatment for the person who is still employed and employable, is establishing this program as a priority AIP project for Western Montana.

The Council program will include the following objectives:

1. Locate an organization to provide the service.
2. Provide technical assistance to develop an Occupational Alcohol Program.
3. Locate and train employees who would be willing to sponsor such a program.
4. Monitor the development of a program of treatment and counseling designed to keep the alcohol user employed and employable.

**HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE**

"By 1981 support special emphasis programs (for women, elderly, rural citizens, Indians and youth) and continue to assess the needs of special groups and design activities to meet these needs."

**AIP PROJECT DESCRIPTION**

Encourage development of an alcohol treatment program to feature "early intervention, outpatient treatment, counseling and/or referral." Program to be an occupational model to deal specifically with persons still gainfully employed.

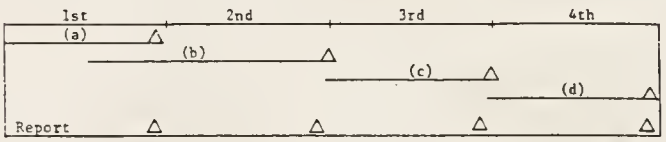
**RECOMMENDED ACTIONS**

a. Locate an organization capable of operating the program
b. Provide technical assistance for grant application
c. Assist in location and education of employer participants
d. Monitor program progress

**RESOURCES REQUIRED**

Agency qualified to run program
Employer group large enough to support program
Grant money to initiate programs

**QUARTERLY MILESTONES**




**Area Square Miles:** 27,421
**Population:** 163,400: 67.1% urban — 32.9% non-urban

SOUTH CENTRAL SUBAREA ADVISORY COUNCIL

Chairman — Betty Mitchell

| | |
|---|---|
| Dr. Richard Akland | Betty Mitchell |
| Elizabeth Clagett | Edward Morse |
| Margaret Eklund | Dr. David Myers |
| Bob Evertz | Sister Michel Patenburg |
| Robert Gilstrap | Marietta Peterson |
| Jean Gowdy | Jackie Redding |
| Dr. Hollis K. Lefever | Mary Reilly |
| Pat Lengemann | Barbara Schilling |
| Grace Leuthold | Betty Stockert |
| | Janice Treml |

South Central Subarea — A

## EDUCATION PROGRAM — ADOLESCENT ALCOHOL ABUSE

### BACKGROUND

The estimated number of alcohol abusers in the South Central Subarea is approximately 18,440. Of these alcohol abusers, it is not known the percentage of alcohol abuse which occurs among the adolescent population. During the past year, several newspaper surveys have indicated the existence of alcohol abuse within the Billings school system. The proportion of alcohol abusers in Montana is assumed to be higher than the national average (7 percent) due to the high level of beer and alcohol consumption in the State. Present alcohol treatment programs are currently serving about 6 percent of the alcoholic population in need of services. It is anticipated that this level will be maintained, but not appreciably increased in the next five years. The bulk of the alcohol program monies come from state liquor tax and individual counties are now responsible for the use of these funds for alcohol programs in their areas.

The 1980 Montana Health Systems Plan identifies special population groups (women, elderly, Indians, youth, rural residents) as priority target populations for alcohol programs. In an effort to educate the adolescent on the problem associated with alcohol use and abuse, the South Central Council has identified an Adolescent Alcohol Education Program. The Council has advised staff to develop a policy for schools concerning the increasing problems of alcohol abuse, specifically in the junior high and elementary schools.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

"Drug and alcohol abuse services should be available to 10 percent of the Montana abusers at reasonable costs and be geographically accessible." Goal statement page 115, Alcohol and Drug Abuse Services.

"By 1980, support and coordinate new and existing prevention and education resources statewide. Objective 5, page 115, Alcohol and Drug Abuse Services."

"By 1981, support special emphasis programs for women, elderly, rural citizens, Indian and youth, and to continue to assess the needs of special populations and design activities to meet those needs." Objective 6, page 115, Alcohol and Drug Abuse Services.

### AIP DESCRIPTION

In cooperation with alcohol education personnel, work on developing a policy for schools concerning the increasing problems of alcohol abuse, specifically in junior high and elementary schools.

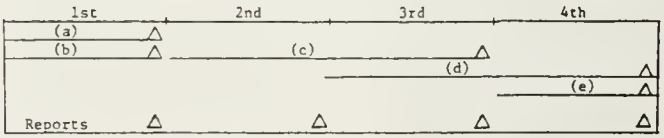
### RECOMMENDED ACTIONS

a. Contact Resource Agencies, Project 80 of Extension Service
b. Develop task force, research current status of alcohol education programs
c. Develop materials to be used by teachers and parents on alcohol use among juveniles
d. Present Seminars in counties
e. Examine feasibility of developing classroom curriculum on alcohol abuse

### RESOURCES REQUIRED

Project 80 under the Extension Service
County Alcohol Boards, Office of Public Instruction
Law enforcement agencies and courts
Out-of-state groups identified by the MHSA as having effective alcohol education programs
The Mental Health Center

### QUARTERLY MILESTONES




South Central Subarea — B

## HOME HEALTH CARE EDUCATION SEMINAR

### BACKGROUND

Home Health Care is the provision of health services and supportive services to patients in their homes or ambulatory settings for purposes of preventing diseases and promoting, maintaining, or restoring health. Home Health Care can be used as an adjunct to, or as a substitute for, the services offered in more restrictive settings. The overall cost of these services is often less than that delivered in other settings. According to a United States General Accounting Office survey in 1976, 19 of 20 publications comparing the cost of home health care to those of alternative services indicated that Home Health Care can be less expensive under some circumstances that alternative institutional care.

In the South Central Subarea, Fergus County is not receiving the services of a Home Health Care Program. In an effort to educate the Fergus County population and surrounding counties, the South Central Council identified a project to sponsor a seminar on Home Health Care for the Lewistown area (Planning District VI of the South Central Montana Subarea).

**HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE**

"Develop an educational program to make the general public aware of the content, availability, and need for home health services." Objective 5, page 107, Home Health Care Services.

**AIP PROJECT DESCRIPTION**

Sponsor in cooperation with a community based organization, seminars on home health care for the Lewistown area (Planning District VI of South Central Montana).

**RECOMMENDED ACTIONS**

a. Contact consumer groups, such as the Jaycees, the Rotary, Chamber of Commerce, Soroptimists, the Extension Service (Project 80)

b. Identify a consumer group who would sponsor community education programs, obtain educational materials.

c. Assist consumer groups in presenting two seminars for the community

d. Ongoing presentations, evaluation

**RESOURCES REQUIRED**

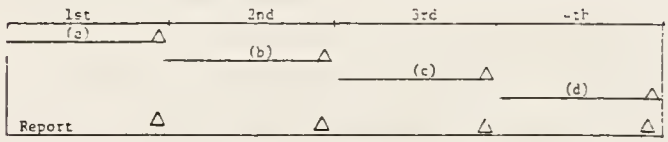
Materials developed by National League for Nursing, Montana Home Health Association

Community civic groups in the Lewistown area

The Mental Health Center

The Montana Nurses Association and the Montana Hospital Association

**QUARTERLY MILESTONES**




**Area Square Miles:** 27,421
**Population:** 185,600: 0% urban — 100% non-urban

SOUTHWESTERN SUBAREA ADVISORY COUNCIL

Chairman — Henry Stish

Ozzie Berg
Leo Black
Diana Bowen
John Bunger
Tim Casey
Dee Ann Durgan
Marlene Durland
Virginia Gehrett
Joanne Green
Gerry Halstead
William E. Harris, M.D.
Bob Laumeyer
Lucile Logan
Helen McGregor
Robert Noble, M.D.
Ron Ronchetto
Ed Sheehy, Jr.
Henry Stish
Janette Stocks
Alden Way

Southwestern Subarea — A

## LONG-TERM CARE PATIENT PLACEMENT

### BACKGROUND

An examination should be initiated of long-term care (LTC) facilities with emphasis on nursing homes and home health care. For the nursing home segment of this particular AIP project, two questions emerged that should be answered by the AIP project: 1) a review of the placement of residents within a given county in a nursing home within that county: 2) a review of waiting lists regarding duplication and their validity.

A project of this nature could help alleviate crowding and promote appropriate placement of the elderly or infirm within long-term care facilities throughout the state.

This project will be approached from several different perspectives. A pending study by the Department of Social and Rehabilitation Services, due in June, which will investigate alternatives to long-term care in Montana, should form the basis for this AIP project. Another concern is a needs assessment for several counties in regard to long-term care and surplus beds.

The second part of this AIP project refers to home health care; in this case, three items: 1) education of the community and decentralization; 2) the extension of information and services to eligible persons; and 3) there may be a financial saving involved in keeping the elderly at home.

It is felt that by uniting a project for the review of long-term care with a review of home health care, an effective method can be realized for delving into serious problems within the state relating to health status of LTC patients.

### HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE

Page 92, Long-Term Care Facilities component, Goal No. 2: "The appropriate placement of long-term care residents in nursing homes is to be encouraged."

Page 107, Home Health Care component, Objective No. 2: "By 1985, encourage the expansion of four existing agencies into geographical areas currently unserved. In addition, encourage small agencies to expand the scope of services where financially feasible."

### AIP PROJECT DESCRIPTION

Examine the appropriate placement of long-term care patients.

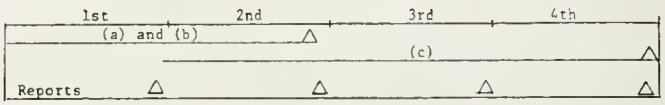
### RECOMMENDED ACTIONS

a. Examine ongoing attempts to determine appropriate placement of long-term care patients.
b. Formulate a report on appropriate placement.
c. Distribute the report and recommendations.

### RESOURCES REQUIRED

Department of Social and Rehabilitation Services
State Health Planning and Development Agency
Montana State University
Department of Institutions

### QUARTERLY MILESTONES




Southwestern Subarea — B

## HEALTH CARE SERVICES NETWORK DIRECTORY

### BACKGROUND

There has never been an adequate statewide directory of health resources available for the health consumer and provider. Many persons are not aware of programs and services, referral agencies, funding sources and centers that might be of benefit to the population at large. Due to the fact that funding is not available for AIP projects at this time, the Southwestern Subarea Advisory Council feels that it is important for a compilation of a directory of health resources to be disseminated at least within the subarea, and at the state level if possible. The problems involved with determining the availability of services for the elderly have been a source of inconvenience, and at times have had a life-threatening nature.

A directory of this nature could be utilized by all citizens regardless of their particular orientation and would especially benefit those groups who are underserved. A project of this magnitude will entail a great deal of time and effort, plus a pooling of resources from consumers and providers to assist the Subarea Liaison in the accomplishment of a directory of health services for the State of Montana.

This particular project was chosen because of its applicability throughout the state and the beneficial nature of having a directory at hand from which the services could be chosen and resources examined for the benefit of the majority of the population. It is felt that a program of this nature, if not completed within the first year, would be carried forward successfully because milestones could be

reached within the one-year time limitations of the AIP. The project could be taken in phases or steps.

**HEALTH SYSTEMS PLAN GOAL OR OBJECTIVE**

Page 197, Heart Disease Component, Objective No. 1: "Develop systems of primary care through prevention, education, and screening programs."

Page 203, Cancer Component, Objective No. 2: "Support plans to involve civic organizations in cancer education programs."

Page 207, Alcoholism Component, Objective No. 1: "Support the continued emphasis toward developing a coordinated network of services, programs, and counselors to increase effectiveness and efficiency of treatment."

**AIP PROJECT DESCRIPTION**

Develop state health resources directory that describes common health care services available to the people of the State of Montana.

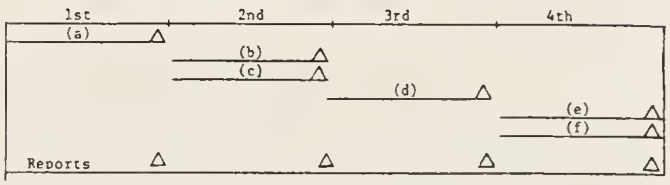
**RECOMMENDED ACTIONS**

a. Examine past and ongoing attempts to develop a similar pamphlet
b. Define gaps in the present system
c. Determine format and scope of pamphlet
d. Assemble necessary data
e. Develop informational pamphlet
f. Distribute pamphlet

**RESOURCES REQUIRED**

State agencies
County agencies
Local agencies
Funding for printing the pamphlet

**QUARTERLY MILESTONES**



# 3

# RECOMMENDATIONS FOR MEDICAL FACILITY CONSTRUCTION, MODERNIZATION AND CONVERSION

### 3.1 Introduction

Each year, the Montana Health Systems Agency is charged with recommending to the State those facilities in need of construction, modernization, and/or conversion.* These recommendations may conceivably be the basis for the allocation of Federal and state grants for facility construction if and when they become available. They may also be used by independent financial institutions in determining whether or not a loan should be made.

This year, recommendations are again limited to those communities where additional hospital beds, long term beds, and rehabilitation beds will be needed within the next five years. These communities are identified in the 1980 Montana Health Systems Plan and restated here for emphasis.

No attempt has been made to identify those facilities in need of remodeling or those that may be replaced and/or converted to other uses. The Montana Health Systems Agency does not have sufficient data to make these recommendations at this time.

*Section 1513(b) of Public Law 93-641 requires that:

"Each health systems agency shall annually recommend to the state health planning and development agency designated for each state in which the health systems agency's health service area is located:

1) Projects for modernization, construction, and conversion of medical facilities in the area's health service area, which projects will achieve the HSP and the AIP of the Health Systems Agency, and
2) priorities among such projects."

### 3.2 Recommendations for Hospital Construction

Like other areas of the county, Montana appears to have excess hospital beds in certain communities. With the population increases expected in the next five years, this excess will be considerably reduced. In areas where an excess capacity will remain, the Montana Health Systems Agency has adopted a broad strategy to reduce the number of hospital beds. It is hoped that as individual hospitals want to modernize or replace their facilities, they will voluntarily take out of service beds no longer needed. The review process is to be the primary mechanism of implementing this policy.

In multi-hospital communities, the MHSA suggests that the consolidation of obstetrical (maternity) and pediatric units may be feasible and worthy of consideration. In Missoula and Billings, obstetrical services have been consolidated. It might also be done in Butte and Great Falls. In an unpublished MHSA staff paper written in 1977, it was estimated that consolidation of these two units may save the health care system as much as $224,000 per year.

At this time, it appears that physicians in Billings are in the process of consolidating pediatric services in that city. This service is still provided in two hospitals in Missoula, Great Falls and Butte. If pediatric units were to be consolidated in each community, it appears that the system may save between $278,000 and $468,000 per year.

On the other hand, the Montana Health Systems Agency recognizes that some communities will probably need to expand their hospital capability in the next five years. These communities are identified in the Montana Health Systems Plan and are shown in Table 1. Only those communities in need of more than 10 beds or more than 10 percent of the licensed bed capacity of general, acute and critical care beds are addressed in Table 1.

It is emphasized that these recommended estimates are to be used as general guidelines and that it is up to individual hospitals to determine how many additional beds are needed in the community after detailed local analysis.

In the plan, it is advised that regional acute psychiatric units should contain at least 10 beds to be economically viable. It is also recommended that a psychiatrist and specially trained nursing staff be available before the service is offered. Table 2 depicts the communities in need of additional acute care psychiatric beds.

### 3.3 Recommendations for Long-Term Care Facility Construction

The MHSA recognizes that some communities need additional long-term beds by 1985 and these are shown in Table 3. Because these estimates were made using the standard "Hill-Burton" formula, they may be extremely liberal and call for more beds than may be actually needed. The liberal bed need estimate is exemplified by the fact that 78 percent of the nursing homes in Montana demonstrate a need for additional long-term care beds by 1985.

### 3.4 Recommendations for Comprehensive Rehabilitation Programs

The 1980 MHSP addresses rehabilitation programs in Montana having two or more of the following characteristics:

1. The program is under the supervision of a physiatrist or formally designated, full-time medical director.
2. The rehabilitation program is accredited by either the Commission on the Accreditation of Rehabilitation Facilities or the Joint Commission on the Accreditation of Hospitals.
3. The program has comprehensive short-term rehabilitation beds.

Currently, three comprehensive rehabilitation programs exist in Montana, one each in Missoula, Great Falls, and Billings.

Table 4 summarizes the bed need estimates for rehabilitation beds in Montana.

| Community* | County | General, Acute, and Critical Care Beds Needed |
|---|---|---|
| Kalispell | Flathead | 21 |
| Plains | Sanders | 7 |
| Cut Bank | Glacier | 4 |
| Helena | Lewis and Clark | 29 |
| Ennis | Madison | 2 |
| White Sulphur Springs | Meagher | 2 |
| Billings | Yellowstone | 109 |
| Scobey | Daniels | 2 |
| Terry | Prairie | 2 |
| Wolf Point | Roosevelt | 3 |
| Plentywood | Sheridan | 4 |

*Communities needing additional hospital beds which would result in an increase in excess of 10 percent of the facility's bed capacity or in excess of 10 beds of a licensed facility.

TABLE 1
Communities in Montana Needing Additional
Hospital Beds by 1985

| Community | County | Additional Acute Care Beds Needed |
|---|---|---|
| Missoula | Missoula | 9 |
| Kalispell | Flathead | 1 |
| Great Falls | Cascade | 1 |
| Havre | Hill | 10 |
| Helena | Lewis and Clark | 17 |
| Bozeman | Gallatin | 17 |
| Billings | Yellowstone | 18 |
| Miles City | Custer | 8 |
| Glendive | Dawson | 7 |
| Sidney | Richland | 7 |
| Glasgow | Valley | 8 |

TABLE 2
Communities in Need of Additional Acute
Care Psychiatric Beds by 1985

| County | Number of Additional LTC Beds Needed in 1985 |
|---|---|
| Yellowstone | 237 |
| Lewis and Clark | 85 |
| Cascade | 70 |
| Flathead | 113 |

TABLE 3
Counties Needing 70 or more
Long-Term Care Beds by 1985

| Subarea | Rehabilitation Beds Needed |
|---|---|
| Northwest | 0 |
| North Central | 8 |
| Southwest | 18 |
| South Central/Eastern | 15 |

TABLE 4
Additional Rehabilitation
Beds Needed in Montana

# APPENDIX A

# PROGRESS REPORT — 1979-1980

## C. PLAN IMPLEMENTATION/HEALTH SYSTEMS DEVELOPMENT

In December of 1978 the Montana Health Systems Agency staff developed a list of potential Annual Implementation Plan projects from the 1979 Health Systems Plan. This list was forwarded to the MHSA Governing Board and Subarea Advisory Councils for their consideration. In February of 1979 five public meetings were held in which potential Annual Implementation Plan projects were identified. Each subarea was requested to develop two AIP projects. In March the MHSA Plan Development Committee reviewed the ten identified Annual Implementation Plan projects and forwarded its comments to the MHSA Governing Board. In April the 1979 Annual Implementation Plan was submitted to the MHSA Governing Board and approved.

The following represents the progress that has been made on the 1979 Annual Implementation Plan and the projects identified therein.

I. Northwestern Subarea Advisory Council

A. Health Information Clearinghouse

The Health Systems Agency was to develop an updated resource directory for Missoula County. This resource directory was to be printed and distributed free to all physicians and medical service agencies. The Health Systems Agency was also to investigate the feasibility of establishing a telephone information and referral system to assist both providers and consumers in contacting health service agencies available in communities. If the project were deemed successful, the feasibility of replicating this project was to be examined in other communities.

The resource directory is being developed by the Five Valleys Health Care, Inc., a HURA project (Health to Underserved Rural Areas). The present status of the program is that of data acquisition, research and compilation of various medical programs in a three-county area. Supplemental funding may be necessary to complete the health information directory. The MHSA has offered to provide some technical help for the project, but that will need to be supplemented by some other funding sources.

B. Family practice residency program. The Northwestern Subarea Advisory Council identified as a second annual implementation project the family practice residency program in Missoula. Under the family practice residency program approximately twelve residents would be trained at any one time.

A marketing sales strategy was developed by the Montana Health Systems Agency with technical assistance provided by Rupright, McDonald & Company, to implement the feasibility study. Contacts were also made with the WAMI program. A brief grant application was prepared and submitted to the United Way in Montana. United Way evidenced interest in the project but stated that there were no statewide funds available for such a study. Other possible sources of funding were discussed and resulted in submission of a grant to the Montana Old West Regional Commission. The first draft proposal was presented to Montana members of the Old West Regional Commission advisory council, the director and deputy director of the Department of Health and Environmental Sciences and Governor Thomas Judge. In accordance with suggestions from Governor Judge, the proposal was rewritten and presented by Mr. Gildroy, Executive Director of the MHSA, to the Old West Regional Commission advisory council in Denver on November 9th, 1979. The Montana Health Systems Agency office was informed by telephone that the application had been approved by the Old West Regional Commission on November 30th, 1979, and by letter on December 12th, 1979. The Montana Health Systems Agency was to serve as grantee to supervise and distribute project funding as necessary to implement the family practice residency program. Subsequent to this notification, the Department of Health, Education, and Welfare office in Denver informed the Montana HSA that for certain reasons it would be impossible for the MHSA to be the grantee. Collaborating on the problem, John Bartlett and Ralph Gildroy arranged for the Montana Department of Health and Environmental Sciences to perform as the grantee and fiscal agent for the project. Another application is to be developed in accordance with the Public Health Service packet since the Old West Regional Commission deposits grant monies for its health projects with the Public Health Service and that service monitors the projects.

II. South Central Subarea Advisory Council

The South Central Subarea Advisory Council identified two annual implementation plan projects for the 1979 year. One AIP project involved education training and information services to be implemented in Judith Basin and Golden Valley Counties on the following health education topics: (1) The early warning signs of illness and how to deal with them; (2) what to do in an emergency; (3) the physiological and psychological aspects of aging; and (4) health maintenance, including nutrition and exercise.

The second annual implementation plan project involved a dental education and screening program for the entire eleven-county South Central subarea.

A. The education and information services to Golden Valley and Judith Basin Counties. This annual implementation plan is approximately 25 percent complete. A physiological and psychological aspects of aging seminar was presented to the senior citizens in Stanford and Ryegate on January 20th, 1979, and January 19th, 1979, respectively. Suzanne Fahrer of the South Central Montana Regional Mental Health Center in Roundup presented the seminar on the psychological aspects of aging in Ryegate. This presentation was well received by approximately 40 senior citizens. John Stockton of the South Central Montana Regional Mental Health Center in Lewistown and Elizabeth McNutt Claggett of Central Montana Nursing Home and Hospital in Lewistown presented the physiological and psychological seminar on January 20th to the senior citizens in Stanford. Approximately 50 senior citizens attended this seminar. Both seminars were extremely well received and interest was demonstrated for further seminars on problems peculiar to the elderly.

B. A dental education screening program. The Bureau of Dental Health has applied for a Health for Underserved Rural Areas (HURA) grant to initiate a research and demonstration project on the dental education and screening project for the entire State of Montana. The guidelines of the HURA grant are: (1) to conduct research on such methods or on existing methods for the

provision of dental health services to medically underserved populations; (2) to demonstrate and conduct research on: (a) methods of attracting and retaining dentists to practice among medically underserved populations, (b) methods of providing health promotion, disease prevention and health educational programs, including school health programs, and (c) specific services or mixtures of services appropriate for a given area, including supplemental health services.

If HURA funds are made available, the Dental Health Bureau hopes to research and extend the programs statewide to demonstrate that the dental health status of all Montana elementary school children can be improved. The HURA grant is patterned after two existing Dental Health Bureau models. The first model is the Flathead Children's Dental Health project started in 1971. The design of this model is oriented toward prevention. The project had two portions, dental care and school preventive programs. The school preventive program is the program the Bureau of Dental Health hopes to implement statewide as a research program. The second model from which the HURA grant is patterned is the Anaconda fluoride mouthrinse program. As a result of this program, two new dentists were attracted to the Montana area in 1976. It is hoped that through a statewide research and demonstration program the same results would hold true for the vast rural underserved areas of Montana.

Under the proposed HURA grant requesting funds in the amount of $225,000, the Bureau of Dental Health proposes to inititate a dental health program for all elementary school children in the state which is patterned after the school preventive program and the Flathead Children's dental project. The state will be divided into fourteen dental health districts with a dental hygienist being responsible for administering the program in each district. If the HURA grant is funded, this would complete the South Central's annual implementation project for a dental screening program in the South Central area.

III. Southwestern Subarea Advisory Council

**A.** To investigate the feasibility of establishing a regional program in the Southwestern Subarea primarily geared at physician recruitment and increasing the utilization of nurse practitioners.

At the end of the year at least one rural health initiative application was to have been generated from Southwestern Montana. This application was to have as one of its primary objectives a strategy for physician recruitment and placement of nurse practitioners.

Only one potential site for an RHI application existed in the Southwestern planning area for 1979. Several contacts were made with County Commissioners and affected providers in the designated county. There was not local support for generating an RHI application, therefore this project was not inititated.

**B.** Development of a generic drug information pamphlet. The Montana Pharmacy Act allows pharmacists to engage in the practice of issuing generic drugs unless the physician indicates "no substitution" on the prescription. By law, pharmacies are required to have a sign encouraging consumers to ask about the availability of possibly cheaper, generically equivalent prescriptions. Some consumer groups, such as the senior citizens and the teacher's union, are encouraging members to inquire about generic substitutes when they have a prescription filled.

The Department of Social and Rehabilitation Services has a policy of not reimbursing for any brand name product when a generic drug is available unless the physician specially indicated that no substitution can be made. The Southwestern Subarea Advisory Council project dealt with an educational project on generic drug substitution. This project involved: (1) Making available to consumers and consumer groups an existing list of generic drugs and informational brochure discussing the pros and cons of drug substitution; (2) running a newspaper ad in several area newspapers encouraging the use of generic drugs and the advantages and disadvantages of using drug substitutes. Samples of the ad will be sent to the medical association and pharmacy board before the ad will be run.

With the input of twenty interested individuals and agencies, the Montana Health Systems Agency staff prepared a generic drug pamphlet for distribution. The pamphlet has been printed, and distributed in December. The 1980 generic drug pamphlet is included as Appendix C.

IV. Eastern Subarea Advisory Council

**A.** Encourage the increased use of nurse practitioners in primary care.

To develop public and professional support for the increased use of nurse practitioners in primary care settings, the Eastern Subarea identified the following tasks to be accomplished during the next year:

(1) State MHSA position explaining the nurse practitioner model.

(2) Explain the nurse practitioner through an RHI sponsored clinic.

(3) Gain support from other professionals.

(4) Establish support with the nursing profession.

(5) Obtain support from other subarea councils.

(6) Inform and try to gain support from County Commissioners.

As a prelude to this project, physicians in Eastern Montana were sent questionnaires to determine their view of needed primary health care personnel in Eastern Montana. These physicians were unanimous in expressing a need for more people. Suggested methods of recruitment and retention were varied. Nurse practitioners and physician assistants were discussed. In May the council organized and sponsored a regional symposium entitled "Physicians for Eastern Montana: How to Get Them and How to Keep Them." Seven panelists, including a nurse practitioner, explored alternatives. In May Barbara Kirscher attended the state convention of the Montana League for Nursing. She also served as a member of the panel on recruiting primary health care personnel. About 200 people from the Hysham, Colstrip, Forsyth area were in attendance.

A state convention of nurse practitioners was held in Wolf Point in June of 1979 and Barbara Kirscher was asked to address the group to explain the aims and functions of the MHSA in its AIP project.

A statewide rural health conference sponsored by the MHSA in Great Falls was held in July of 1979; the keynote speaker was Senator Max Baucus.

A Rocky Mountain Forum on Community Health Promotion held in Seattle allowed expression of many ideas for health care different from the accepted reaction methods requiring highly trained personnel. An HSA staff member was privileged to attend this forum and report to the subarea. The MHSA Executive Director was a panelist.

A nurse practitioner profile was prepared by MHSA staff from responses to a statewide survey.

**B.** Education, Training and Information Service.

This project sought to investigate the feasibility of involving the local community colleges and other groups

in Eastern Montana in developing programs and coordinating these regional activities. Initial emphasis was placed upon coordinating Emergency Medical Service training programs and on training personnel in school health education programs which address effects of alcohol and tobacco abuse, nutrition education and sex education. Presently information is being gathered from local sources as to what education programs are being offered. School superintendents, hospitals, ambulance services, County Commissioners and public health nurses have been contacted by letter. Personal calls will be made by council members and subarea representatives as needed. Contacts have been made with curriculum directors at Dawson Community College, Miles City Community College, and Big Horn Community College. All are interested in helping with the project, providing instructor time and indications are that funds are available.

# APPENDIX B

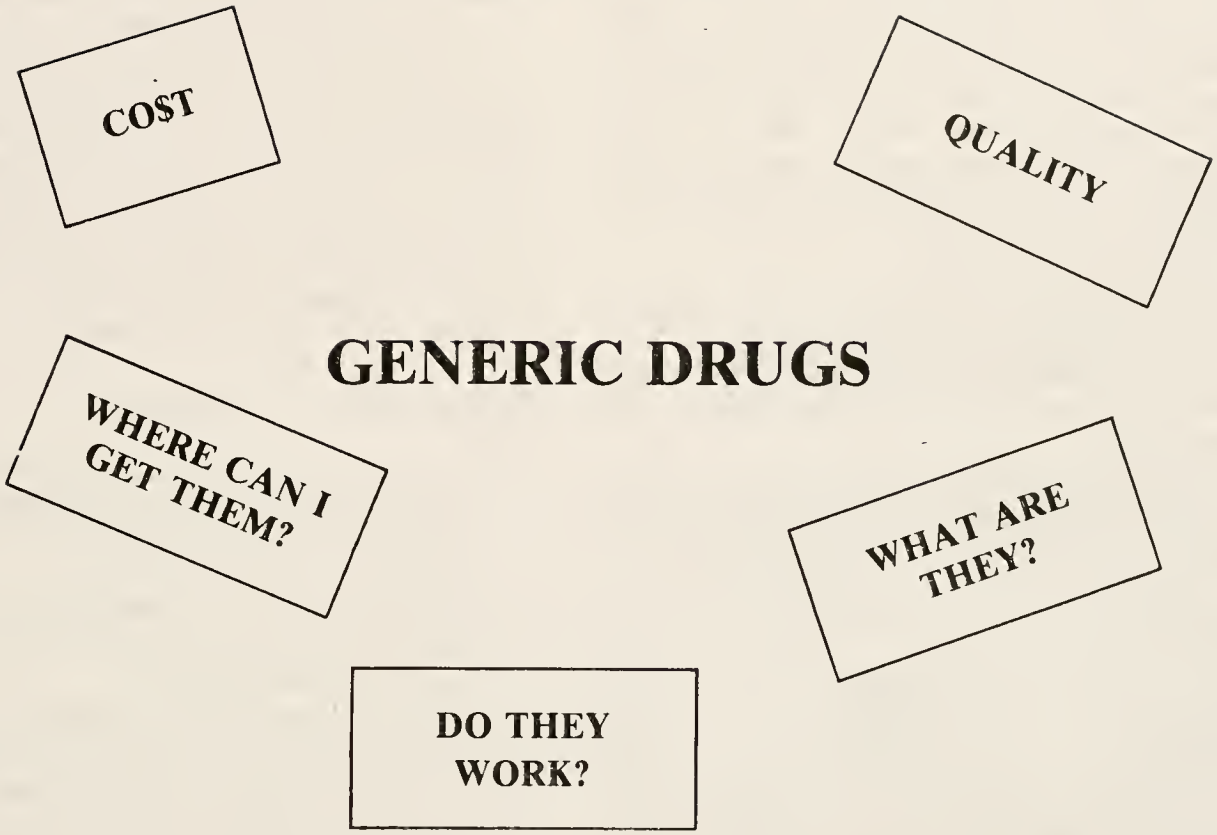
# STEPS IN THE AIP DEVELOPMENT PROCESS

1. Staff prepares format worksheets for AIP projects working from HSP.
2. Staff informs subarea councils of intent to solicit projects and requests priority identification.
3. Staff attends subarea meetings to define potential specific AIP projects. (Who, what, where, when, how and why.)
4. Staff presents specific projects to the Plan Development Committee. Committee recommends those to be placed in the AIP to be submitted to the Governing Board.
5. Governing Board reviews, discusses, amends (if necessary) and approves the AIP.

The following criteria were suggested for identifying these projects:

1. The projects should be positive and action oriented and aimed at gaps where services are needed.
2. The HSA is to encourage other service groups to undertake these projects.
3. Projects should be geared toward providing improved health services.
4. Projects should be geared to cost effectiveness — affecting the most people for the least cost.
5. Projects should address the unique needs of the area.
6. Per federal guidelines, projects dealing with construction, modernization or conversion of facilities cannot be addressed.

# APPENDIX C




## WHAT ARE GENERIC DRUGS?

The generic name of a drug product is the established, official, or nonproprietary, name by which a drug is known as an isolated substance, irrespective of its manufacturer. The proprietary or brand name is the name used by a particular drug company for its own product. For example, aspirin is the generic name for a non-prescription painkiller; there are many different manufacturers of aspirin and each manufacturer has selected a specific (brand) name for the medicine they produce that contains aspirin.

## ARE GENERIC DRUGS THE SAME AS BRAND NAME DRUGS?

To answer the question, are generic and brand name drugs the same, four concepts must be used:

1. **Chemical Equivalents** — drugs are chemically equivalent when they exist in identical dosage form and contain the same amount of active drug ingredients.
2. **Biological Equivalents** — those chemically equivalent drugs, which, when administered in the same amounts, will provide essentially the same amount in the bloodstream.
3. **Therapeutic Equivalents** — those chemically equivalent drugs, which, when administered in the same amounts, will provide essentially the same control of a symptom or a disease.
4. **Biological Availability** — therapeutic effectiveness measured by the degree and time required for absorption of the active drug ingredients into the bloodstream.

All drugs, whether they are sold under their brand names or their generic names, must meet the same Food and Drug Administration (FDA) standards for safety, strength, purity, and effectiveness. All drug manufacturers, big or small, are subject to FDA inspection and must follow the FDA's Current Good Manufacturing Practice Regulations. While published information from the FDA indicates that there is no significant difference in quality between generic and brand name drugs, individuals in the FDA, private researchers, and the American Medical Association disagree with the FDA's findings.

It should be recognized, then, that just because drugs contain the same chemical, it **does not** necessarily mean that the two drugs will produce the same effects when administered in the same way.

## COST

Generic drugs **may** cost less than an

equivalent brand name, but, when comparing the prices of drugs, it is important to remember that cost is not the only comparison to use. Patients should also be alert to such factors that may influence price as: number of doses, package type, place of purchase, etc. Your pharmacist will be able to explain those factors that are most responsible for determining the cost of the drug product. Any price comparison by the consumer can prove to save money on a prescription, but only if it is done carefully.

Some factors that cause brand name drug products to be higher in price than generic products are the advertising, marketing, distribution, and research programs that are developed for brand name drugs.

The following table is an illustration of a comparison between generic prices and brand name prices for some common prescription medicines:

| Generic | | Brand Name | |
|---|---|---|---|
| Ampicillian | $4.60 | Polycillian | $18.75 |
| Hydrochlorothiazide | 1.80 | Esidrix | 6.25 |
| Meprobamate | 0.88 | Miltown | 6.25 |
| Penicillin G | 2.90 | Pentids | 8.45 |
| Paraverine | 4.33 | Pavabid | 9.96 |

This table is illustrative of 1978 prices to the pharmacist and uses equal dosages (both strength and quantity) for comparison purposes. The table indicates, for example, that Penicillin G in generic form was about two and one-half times less expensive than the brand "pentids". The table is **not** meant to imply that all generic drug products will be less expensive than equivalent brand names, but rather to show that careful product selection may result in considerable savings to the consumer.

## MONTANA LEGISLATION

The Montana Drug Product Section Act was enacted during the 1977 Legislative session. One result of the Act is the provision that each pharmacy display in a prominent place a sign stating the following:

> "This pharmacy may be able to select a less expensive drug product which is equivalent to the one prescribed by your physician unless you or your physician request otherwise."

This law allows a pharmacist to select a less expensive drug product with the same generic name, the same strength, quantity, dose and dosage form as the prescribed drug which is, in the pharmacist's professional opinion, therapeutically, biologically, and chemically equivalent and will have the same bioavailability. A pharmacist who selects a product described above is also required to notify the person presenting the prescription that they **may** refuse the generic selection provided.

The prescriber of the drug may indicate, when ordering the prescription, that a generic drug product **not** be selected. This is usually done when a physician feels that a specific company's product is required to best meet the needs of an individual patient. When a less expensive drug product is selected, the pharmacist must pass on to the purchaser the full amount of savings realized from the product selection.

Some things to remember about all prescription drugs:

- Your physician may already prescribe generic drugs when he writes you a prescription as he is aware of your concerns of the cost and effectiveness of your medicine.
- Whenever you have a prescription filled, ask your pharmacist if a less expensive, generic drug may be substituted.
- If a drug is not doing for you what it is supposed to, check with your doctor or pharmacist.
- If you're taking medicines, don't drink alcoholic beverages without first asking your doctor or pharmacist whether the combination may be dangerous.
- Make a note of the number of times you should take your medicine and continue taking it unless you check with your physician and he indicates that you should stop.
- Read and follow all labels carefully: note dosages, storage, precautions, etc. For example, some drugs should be kept dry and cool, others must be protected from light.
- Always keep medicine out of the reach of children.
- Just because one person has the same symptoms as you does not mean he should take the same medicine. Taking someone else's prescription medicine may result in ill effects, even death.
- Check the label on all medication to insure that you are taking the correct medication in the proper manner.
- Do not keep prescription drugs that are no longer needed. If you have any medicines left over, return them to the pharmacist for proper disposal.
- If you have prescriptions from more than one doctor, be sure the doctors and pharmacists involved in your prescriptions are aware of **all** medications that you are taking.